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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NEW JERSEY	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	David First name Cleveland Middle name Broomfield Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			_
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1855		_

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Debtor 1 David Cleveland Broomfield

Case number (if known)

Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
		I have not used any business name or EINs. Business name(s) EIN	☐ I have not used any business name or EINs. Business name(s) EIN
5.	Where you live	25A Wetmore Avenue	If Debtor 2 lives at a different address:
		Maplewood, NJ 07040 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
Essex County		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Document Page 3 of 64 Debtor 1 **David Cleveland Broomfield** Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. When District **Newark, New Jersey** 1/02/17 Case number 17-10013 JKS District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District

Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

this bankruptcy petition.

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Document Page 4 of 64 Debtor 1 **David Cleveland Broomfield** Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or Bankruptcy Code, and you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S.C. § 1182(1)? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat What is the hazard? of imminent and identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Official Form 101

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 David Cleveland Broomfield

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Den	David Cleveland	o comment						
Par	6: Answer These Quest	ions for Rep	orting Purposes					
16.	What kind of debts do you have?	i	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
		[☐ No. Go to line 16b.					
		I	Yes. Go to line 17.					
				usiness debts? Business debts are debts estment or through the operation of the bus				
		I	☐ No. Go to line 16c.					
		ſ	☐ Yes. Go to line 17.					
		16c. S	State the type of debts you o	we that are not consumer debts or busines	ss debts			
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses	Ī	□ No					
	are paid that funds will be available for distribution to unsecured creditors?	[☐ Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000	☐ 25,001-50,000			
	you estimate that you owe?	■ 1-49		☐ 5001-10,000	☐ 50,001-100,000			
	owe:	100-199		□ 10,001-25,000	☐ More than100,000			
		□ 200-999)					
19.	How much do you	□ \$0 - \$50	0,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		- \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			11 - \$500,000 11 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		山 \$500,00		— \$100,000,001 \$000 Hillion				
20.	How much do you estimate your liabilities	□ \$0 - \$50	'	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	to be?		1 - \$100,000	□ \$10,000,001 - \$50 million □ \$50.000.001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10.000.000.001 - \$50 billion			
			11 - \$500,000 11 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Par	7: Sign Below		,					
	you	I have exa	mined this petition, and I dec	clare under penalty of perjury that the inform	mation provided is true and correct.			
				r, I am aware that I may proceed, if eligible elief available under each chapter, and I ch				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request re	elief in accordance with the o	chapter of title 11, United States Code, spe	cified in this petition.			
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
			Cleveland Broomfield eveland Broomfield of Debtor 1	Signature of Debto	or 2			
		Executed of	n November 5, 2020	Executed on				
			MM / DD / YYYY		1/DD/YYYY			

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Debtor 1 David Cleveland Broomfield

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David E	Beslow, Esq.	Date	November 5, 2020
Signature of	f Attorney for Debtor		MM / DD / YYYY
David Bes	slow, Esq. 5300		
Printed name	•		
Goldman	& Beslow, LLC		
Firm name	•		
7 Glenwoo	od Avenue		
Suite 311E	В		
East Oran	ge, NJ 07017		
	, City, State & ZIP Code		
Contact phone	973-677-9000	Email address	yrodriguez@goldmanlaw.org
5300 NJ			
Bar number & S	State		

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Fill in this infor	mation to identify your	case:		
Debtor 1	David Cleveland	Broomfield		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NEW JERSEY		
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	285,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	12,260.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	297,260.00
Par	t 2: Summarize Your Liabilities		
			abilities it you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	415,315.48
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	4,208.00
	Your total liabilities	\$	419,523.48
⊃ar	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,733.67
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,141.65
² ar	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	hedules.
7.	■ Yes What kind of debt do you have?		
	Vour dabte are primarily consumer dabte. Consumer dabte are those "incurred by an individual primarily for		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 David Cleveland Broomfield

Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	0.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Tota	al claim
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill in this infor	mation to identify your	case and thi		ument Page 10 of 64			
				•			
Debtor 1	David Cleveland First Name	Broomfield Middle		Last Name			
Debtor 2							
(Spouse, if filing)	First Name	Middle	Name	Last Name			
United States Ba	ankruptcy Court for the:	NEW JERS	EY				
Case number							☐ Check if this is an amended filing
n each category, think it fits best. Enformation. If monasser every que	Be as complete and accurre space is needed, attach stion. E Each Residence, Buildin	pe items. List a ate as possible a a separate sh g, Land, or Oth	e. If two ineet to the	only once. If an asset fits in more than one married people are filing together, both are iis form. On the top of any additional pages Estate You Own or Have an Interest In ence, building, land, or similar property?	equally respon	nsible for su	pplying correct
	more Avenue , if available, or other description		What ■ □	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount o	of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
Maplewo	od NJ 070	040-0000 ZIP Code		Manufactured or mobile home Land Investment property	Current valuentire prope		Current value of the portion you own? \$285,000.00
Oily	Silic	Zii Gode	Uho I	Timeshare Other nas an interest in the property? Check one	Describe the	e nature of y	our ownership interest ancy by the entireties, or
Essex				Debtor 1 only Debtor 2 only			
County			□ □ Other	Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this iter erty identification number:	(see instr	uctions)	nmunity property
				our entries from Part 1, including any r here		>	\$285,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 20-22552-JKS Doc 1 Filed 11/10/20 Entered 11/10/20 14:15:32 Page 11 of 64 Document Debtor 1 **David Cleveland Broomfield** Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Hyundai Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: **Tuscon** Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2006 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 207000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Fair condition \$1,200.00 \$1,200.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1,200.00 .pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... 6 rooms of household goods and furniture, average age is \$3,000.00 approximately 7 years 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$1,000.00 Misc. electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... Books, pictures, music and misc. household furnishings \$500.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

Yes. Describe.....

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David Cleveland Br	oomineid	Case number (if knowr	
Misc.			\$250.00
ns oles: Pistols, rifles, shotgu Describe	ins, ammunition, and rela	ated equipment	
	rs, leather coats, design	er wear, shoes, accessories	
	ing		\$1,500.00
y oles: Everyday jewelry, co Describe	ostume jewelry, engagem	nent rings, wedding rings, heirloom jewelry, watches, gems	gold, silver
Jewe	lry		\$300.00
Give specific information the dollar value of all of	your entries from Part	3, including any entries for pages you have attached	\$6,550.00
scribe Your Financial Asse	ts		
vn or have any legal or o	equitable interest in an	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
			ition
		Cash	\$110.00
its of money oles: Checking, savings, of institutions. If you ha	or other financial account ave multiple accounts wit	ts; certificates of deposit; shares in credit unions, brokerage the same institution, list each.	e houses, and other similar
		Institution name:	
17.1.	Checking	TD Bank	\$3,500.00
17.2.	Debit card for unemployment	Visa Cash Pay Card - Issued for deposit of unemployment income	\$900.00
	Misc. Misc. Misc. Misc. Describe Soles: Everyday clothes, further personal and house for art 3. Write that number for art 3. Write that number for have any legal or or or have any legal or or or have any legal or or institutions. If you have in your first of money of the content o	Misc. Describe Soles: Everyday clothes, furs, leather coats, design Describe Clothing Describe Describe Clothing Jewelry Trananimals Describe Jewelry Trananimals Describe Describe her personal and household items you did not give specific information the dollar value of all of your entries from Part art 3. Write that number here	Misc. ns Nes: Pistols, rifles, shotguns, ammunition, and related equipment Describe S Nes: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe Clothing Y Nes: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gerns, Describe Describe Jewelry To animals Nes: Dogs, cats, birds, horses Describe Ther personal and household items you did not already list, including any health aids you did not list Give specific information The dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here To have any legal or equitable interest in any of the following? To have any legal or equitable interest in any of the following? Cash ts of money Nes: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your pet institutions. If you have multiple accounts; certificates of deposit; shares in credit unions, brokerage institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking TD Bank Debit card for Visa Cash Pay Card - Issued for deposit of

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De	ebtor 1	David Cleve	eland Broomfield		Case number (if know	n)
18.	Examp		or publicly traded stoc s, investment accounts w	cks ith brokerage firms, money	market accounts	
	■ No □ Yes		Institution or is	ssuer name:		
19.	•	•	tock and interests in in	corporated and unincorp	orated businesses, including an inter	est in an LLC, partnership, and
	joint vo	enture				
		Give specific in	formation about them			
			Name of entity:		% of ownership:	
20.	Negoti	able instrument	s include personal check	negotiable and non-nego s, cashiers' checks, promis not transfer to someone by	sory notes, and money orders.	
	☐ Yes.	Give specific inf	formation about them Issuer name:			
21	Retiren	nent or pensio	n accounts			
				1(k), 403(b), thrift savings a	ccounts, or other pension or profit-sharir	ng plans
		List each accou	nt separately.			
			Type of account:	Institution nam	ne:	
22.	Your sl		ed deposits you have ma		ue service or use from a company c, gas, water), telecommunications comp	panies, or others
	■ No □ Yes.			Institution nam	ne or individual:	
23.	Annuiti	ies (A contract f	for a periodic payment of	money to you, either for life	e or for a number of years)	
	■ No					
	☐ Yes	!	ssuer name and descripti	ion.		
24.	26 U.S.0		ion IRA, in an account i 529A(b), and 529(b)(1).	n a qualified ABLE progra	am, or under a qualified state tuition p	orogram.
	■ No □ Yes	lı	nstitution name and desc	ription. Separately file the r	ecords of any interests.11 U.S.C. § 521((c):
25.	Trusts,	equitable or fu	uture interests in prope	rty (other than anything li	isted in line 1), and rights or powers e	exercisable for your benefit
	■ No					
	☐ Yes.	Give specific in	formation about them			
26.	Examp			ets, and other intellectual roceeds from royalties and		
	■ No □ Yes.	Give specific in	formation about them			
27.			and other general intar		oldings, liquor licenses, professional lice	nses
	■ No	0.		•		
	☐ Yes.	Give specific in	formation about them			
M	oney or I	property owed	to you?			Current value of the portion you own?
						Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to	you			
	■ No					
	☐ Yes.	Give specific inf	formation about them, inc	cluding whether you already	/ filed the returns and the tax years	

Official Form 106A/B Schedule A/B: Property page 4 Case 20-22552-JKS Doc 1 Filed 11/10/20 Entered 11/10/20 14:15:32 Desc Main Document Page 14 of 64

David Cleveland Broomfield Case number (if known)

29.	 9. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No □ Yes. Give specific information 					
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sie benefits; unpaid loans you made to someone else No Yes. Give specific information	ck pay, vacation pay, workers' compe	nsation, Social Security			
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); o □ No	credit, homeowner's, or renter's insura	nce			
	Yes. Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:			
	Term life insurance policy with former employer - Debtor expects policy to be reinstated when he goes back to work		\$0.00			
	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance someone has died. ■ No □ Yes. Give specific information Claims against third parties, whether or not you have filed a lawsuit or ma Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim	ade a demand for payment	eive property because			
34.	Other contingent and unliquidated claims of every nature, including coun ■ No □ Yes. Describe each claim	terclaims of the debtor and rights to	o set off claims			
35.	Any financial assets you did not already list ■ No □ Yes. Give specific information					
36	Add the dollar value of all of your entries from Part 4, including any entr for Part 4. Write that number here	ies for pages you have attached	\$4,510.00			
Pa	rt 5: Describe Any Business-Related Property You Own or Have an Interest In. List a	any real estate in Part 1.				
	Do you own or have any legal or equitable interest in any business-related property? ■ No. Go to Part 6. □ Yes. Go to line 38.	?				
Pa	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have If you own or have an interest in farmland, list it in Part 1.	ve an Interest In.				
46.	Do you own or have any legal or equitable interest in any farm- or comme ■ No. Go to Part 7. □ Yes. Go to line 47.	rcial fishing-related property?				
Pa	nt 7: Describe All Property You Own or Have an Interest in That You Did Not Lis	st Above				

Debtor 1

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Deb	David Cleveland Broomfield		Case number (if known)	
	Oo you have other property of any kind you did not already list? Examples: Season tickets, country club membership			
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$285,000.00
56.	Part 2: Total vehicles, line 5	\$1,200.00	_	
57.	Part 3: Total personal and household items, line 15	\$6,550.00		
58.	Part 4: Total financial assets, line 36	\$4,510.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$12,260.00	Copy personal property total	\$12,260.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$297,260.00

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this information to identify your case:						
Debtor 1	David Cleveland					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name	_		
United States Ba	inkruptcy Court for the:	NEW JERSEY				
Case number					☐ Check if this is an amended filing	

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	☐ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	2006 Hyundai Tuscon 207000 miles	\$1,200.00		\$1,200.00	11 U.S.C. § 522(d)(2)
	Fair condition Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	6 rooms of household goods and	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(3)
	furniture, average age is approximately 7 years Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Misc. electronics Line from Schedule A/B: 7.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	Books, pictures, music and misc. household furnishings	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 8.1			100% of fair market value, up to	

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$250.00

Misc.

Line from Schedule A/B: 9.1

\$250.00

11 U.S.C. § 522(d)(3)

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De	ebtor 1 David Cleveland Broomfield			Case number (if known)				
			Current value of the portion you own			Specific laws that allow exemption		
				Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
		thing	 Schedule A/B: 11.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)	
	2.110	,				100% of fair market value, up to any applicable statutory limit		
		velry	Schedule A/R: 12 1	\$300.00		\$300.00	11 U.S.C. § 522(d)(4)	
	Line from Schedule A/B: 12.1		Scredule A/B. 12.1			100% of fair market value, up to any applicable statutory limit		
	Cas		Schedule A/B: 16.1	\$110.00		\$110.00	11 U.S.C. § 522(d)(5)	
L	LIIIC	HOIII	Scredule A/D. 10.1			100% of fair market value, up to any applicable statutory limit		
			g: TD Bank Schedule A/B: 17.1	\$3,500.00		\$3,500.00	11 U.S.C. § 522(d)(5)	
	LIIIC	HOIII	Suredule A/D. 11.1			100% of fair market value, up to any applicable statutory limit		
			rd for unemployment: Visa y Card - Issued for deposit of	\$900.00		\$900.00	11 U.S.C. § 522(d)(5)	
	une	emplo	byment income Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit		
			e insurance policy with employer - Debtor expects	\$0.00		\$0.00	11 U.S.C. § 522(d)(8)	
	pol bac	icy to	be reinstated when he goes			100% of fair market value, up to any applicable statutory limit		
3.	Are (Sul	Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)						
	■ No							
						,215 days before you filed this case	?	
			No					
			Yes					

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		Docume	nt Page 18	3 01 64		
Fill in this informat	ion to identify you	ır case:				
Debtor 1	David Cleveland	d Proomfield				
_	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankro	uptcy Court for the	: NEW JERSEY				
	., .,					
Case number						
(if known)					_	if this is an
					amend	led filing
Official Form 1	06D					
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Schedule D	: Creditors	Who Have Cla	ıms Secure	a by Property	<u>y</u>	12/15
		If two married people are filing out, number the entries, and a				
1. Do any creditors have	ve claims secured by	y your property?				
	•	his form to the court with you	ur other schedules. Y	ou have nothing else to	o report on this form	
_			ar ourior corrodation. I	od navo notimig oloo t	o repetit on this form.	
	of the information	below.				
Part 1: List All S	ecured Claims			Calumn A	Calumn D	Column C
for each claim. If more	than one creditor has	more than one secured claim, list a particular claim, list the other cal order according to the credit	creditors in Part 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2.1 BSI Financia	I Services	Describe the property that s	ecures the claim:	value of collateral. \$415,315.48	claim \$285,000.00	If any \$130,315.48
Creditor's Name		25 A Wetmore Avenue		<u> </u>		<u> </u>
		NJ 07040 Essex Cour				
		As of the date you file, the o	laim is: Check all that			
101 N 2nd St		apply.	idiii i3. Check all that			
Titusville, PA		Contingent				
Number, Street, City	, State & Zip Code	Unliquidated				
Who owes the debt?	Charlena	☐ Disputed	t annly			
_	Check one.	Nature of lien. Check all that An agreement you made (ouro d		
■ Debtor 1 only		car loan)	such as mortgage or se	cureu		
Debtor 2 only	0 1	Пол. и и и				
☐ Debtor 1 and Debto☐ At least one of the co		☐ Statutory lien (such as tax	· ·			
☐ Check if this claim		☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)				
community debt	relates to a	Other (including a right to				
-						
	Opened					
	9/19/06 Last Active					
Date debt was incurre		Last 4 digits of accou	ınt number 9843			
Add the dollar value	of your entries in C	column A on this page. Write t	hat number here:	\$415,31	5.48	
		the dollar value totals from al	l pages.	\$415,31	5.48	
Write that number h	ere:			, ,,,		
Part 2: List Others	s to Be Notified fo	or a Debt That You Already	Listed			
trying to collect from	you for a debt you o any of the debts tha	e notified about your bankrup we to someone else, list the o t you listed in Part 1, list the a nis page.	reditor in Part 1, and	then list the collection ag	gency here. Similarly, if	you have more
Name, Number, BSI Financia	Street, City, State & al Services	Zip Code	On wh	ich line in Part 1 did you er	nter the creditor? 2.1	
314 S. Franl PO Box 517 Titusville, P		ond Floor	Last 4	digits of account number _	_	

Official Form 106D

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		Document	Page 19 of 6	54		
Fill in this inform	nation to identify your	case:				
Debtor 1	David Cleveland E	Broomfield				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NEW JERSEY				
Case number						if this is an led filing
Official Form	n 106E/F					
Schedule E	/F: Creditors W	ho Have Unsecure	ed Claims			12/15
Schedule G: Execut Schedule D: Credite	tory Contracts and Unexpors Who Have Claims Sectionation Page to this pag	that could result in a claim. Al ired Leases (Official Form 1060 ured by Property. If more space e. If you have no information to	G). Do not include any cre e is needed, copy the Par	editors with partially s t you need, fill it out,	secured claims that a number the entries in	re listed in n the boxes on the
Part 1: List Al	l of Your PRIORITY Un	secured Claims				
1. Do any credito	rs have priority unsecure	d claims against you?				
☐ No. Go to Pa	art 2.					
Yes.						
identify what typ possible, list the	be of claim it is. If a claim hate claims in alphabetical orde	s. If a creditor has more than one s both priority and nonpriority am according to the creditor's nam rticular claim, list the other credit	nounts, list that claim here a ne. If you have more than tw	and show both priority a	and nonpriority amoun	ts. As much as
(For an explana	ation of each type of claim, s					
				Total claim	Priority amount	Nonpriority amount
2.1 Internal	Revenue Service	Last 4 digits of ac	count number	\$0.00	\$0.00	\$0.00
P.O. Bo		When was the del	bt incurred?		-	
	Iphia, PA 19101-7346 reet City State Zip Code		u file, the claim is: Check	all that apply		
	I the debt? Check one.	☐ Contingent	Tine, the Claim is. Oneon	ан шасарріу		
Debtor 1 o	nly	☐ Unliquidated				
Debtor 2 o	nly	☐ Disputed				
Debtor 1 a	nd Debtor 2 only					
☐ At least on	e of the debtors and anothe					
	his claim is for a commur	e government				
	subject to offset?	ou were intoxicated				
■ No	,	☐ Other. Specify	,,			
☐ Yes		- Other. Opeony				

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Debt	or 1 David Cleveland Broomfield	Case number (if known)					
2.2	State of New Jersey	Last 4 digits of account number	\$0.00	0.00	\$0.00		
	Priority Creditor's Name Division of Taxation 50 Barrack Street	When was the debt incurred?			·		
	P.O. Box 269						
	Trenton, NJ 08625-0269 Number Street City State Zip Code	As of the date you file, the claim is:	Chack all that apply				
	Who incurred the debt? Check one.	☐ Contingent	опеск ан тат арру				
	■ Debtor 1 only	☐ Unliquidated					
	Debtor 2 only	☐ Disputed					
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:					
	At least one of the debtors and another	☐ Domestic support obligations					
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you	owe the government				
	Is the claim subject to offset?	☐ Claims for death or personal injury	•				
	■ No						
	☐ Yes	— Other. Opecary					
4. L u tł	Yes. ist all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other eart 2.	laim. For each claim listed, identify what t	ype of claim it is. Do not list claims already in	cluded in Part 1. Continuation P	If more		
			_	Total claim			
4.1	Barclays Bank Delaware Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899	Last 4 digits of account number When was the debt incurred?	2954 Opened 10/05/14 Last Active 12/16		\$0.00		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Credit Card	I				

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Debtor	1 David Cleveland Broomfield	Case number (if known)					
4.2	Capital One	Last 4 digits of account number	5984	\$482.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code	When was the debt incurred?	Opened 6/06/15 Last Active 12/16				
	Who incurred the debt? Check one.	As of the date you file, the claim	іs: Спеск ан тат арріу				
	Debtor 1 only	Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans					
	Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	■ Other. Specify Credit Card	i				
4.3	Comenity Bank/Chadwicks	Last 4 digits of account number	0257	\$0.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125	When was the debt incurred?	Opened 12/07/13 Last Active 1/02/17				
	Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community debt	Student loans					
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	■ Other. Specify Charge Acc	count				
4.4	Comenity Bank/Victoria Secret Nonpriority Creditor's Name	Last 4 digits of account number	5718	\$209.00			
	Attn: Bankruptcy Pob 182125 Columbus, OH 43218	When was the debt incurred?	Opened 02/20 Last Active 11/20				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	Check if this claim is for a community debt		aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts					
	■ No						
	☐ Yes	■ Other, Specify Charge Acc	count				

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Debto	David Cleveland Broomfield		Case number (if known)			
4.5	Continental Finance Company	Last 4 digits of account number	6490	\$673.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8099 Newark, DE 19714	When was the debt incurred?	Opened 9/08/19 Last Active 10/20			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Credit Card	<u> </u>			
4.6	Credit One Bank	Last 4 digits of account number	7746	\$798.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193	When was the debt incurred?	Opened 08/19 Last Active 10/20			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim				
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	No	Debts to pension or profit-sharing				
	Yes	Other. Specify Credit Card	<u> </u>			
4.7	Equifax Nonpriority Creditor's Name	Last 4 digits of account number		\$0.00		
	P.O. Box 740241 Atlanta, GA 30374-0241	When was the debt incurred?				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	■ Other Specify NOTICE ON	NLY			

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Debioi	David Cleveland Broomineid		Case Humber (ii known)			
4.8	Experian	Last 4 digits of account number		\$0.00		
	Nonpriority Creditor's Name P.O. Box 2002 Allen, TX 75013	When was the debt incurred?	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only					
	☐ Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	☐ Yes ☐ Other. Specify NOTICE ONLY				
4.9	Fingerhut	Last 4 digits of account number	6642	\$0.00		
	Nonpriority Creditor's Name Attn: Bankruptcy		Opened 10/21/12 Last Active			
	Po Box 1250	When was the debt incurred?	12/26/12			
	Saint Cloud, MN 56395	_				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	_				
	Debtor 1 only	Contingent				
	Debtor 2 only	Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Distudent loans				
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	■ Other. Specify Charge Account				
4.1						
0	First Premier Bank Nonpriority Creditor's Name	Last 4 digits of account number	6534	\$699.00		
	Attn: Bankruptcy Po Box 5524	When was the debt incurred?	Opened 3/11/12 Last Active 12/16			
	Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 2 only Debtor 1 and Debtor 2 only					
	☐ At least one of the debtors and another	d claim:				
	☐ Check if this claim is for a community	Type of NONPRIORITY unsecured claim: ☐ Student loans				
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	□ Yes	Other Specify Credit Card	1			

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Debtor	1 David Cleveland Broomfield		Case number (if known)				
4.1	First Premier Bank	Last 4 digits of account number	8359	\$390.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim i	Opened 3/02/14 Last Active 12/16 s: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	э. Опеск ан тас арргу				
	■ Debtor 1 only □ Contingent						
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans	d claim:				
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.1	Fst Premier Nonpriority Creditor's Name	Last 4 digits of account number	1977	\$749.00			
	3820 N Louise Ave Sioux Falls, SD 57107	When was the debt incurred?	Opened 4/21/20 Last Active 10/20				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only □ Contingent						
	□ Debtor 2 only □ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa					
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin					
	Yes	■ Other. Specify Credit Card					
4.1							
3	Genesis Bc/Celtic Bank	Last 4 digits of account number	4290	\$208.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 4477	When was the debt incurred?	Opened 12/11/19 Last Active 10/20				
	Beaverton, OR 97076 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	■ Debtor 1 only	☐ Contingent					
	□ Debtor 2 only □ Unliquidated						
	Debtor 1 and Debtor 2 only	<u> </u>					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	ration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□ ves	Credit Card					

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Debto	David Cleveland Broomfield		Case number (if known)	
4.1	Kohls/Capital One	Last 4 digits of account number	8467	\$0.00
	Nonpriority Creditor's Name Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201	When was the debt incurred?	Opened 12/25/14 Last Active 12/31/17	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharing ☐ Other. Specify ☐ Charge Ac		
4.1	LVNV Funding, LLC Nonpriority Creditor's Name PO Box 10587	Last 4 digits of account number When was the debt incurred?		Unknown
	Greenville, SC 29603-0587 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No □ Yes	☐ Debts to pension or profit-sharing ☐ Other. Specify	ng plans, and other similar debts	
4.1	Quantum3 Group LLC as agent for Nonpriority Creditor's Name Comenity Bank	Last 4 digits of account number When was the debt incurred?	4637	\$0.00
	PO Box 788 Kirkland, WA 98083-0788 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	■ Disputed Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharing	aration agreement or divorce that you did not	
	□ Yes	Other Specify		

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Debio	David Cleveland Broomileid		Case number (ii known)		
4.1	Quantum3 Group LLC as agent for	Last 4 digits of account number		\$0.00	
	Nonpriority Creditor's Name Comenity Capital Bank PO Box 788 Kirkland, WA 98083-0788	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	7.6 or the date yearne, the claim	or check all that apply		
	■ Debtor 1 only	☐ Contingent			
		· ·			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	,		
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts		
	☐ Yes	Other. Specify			
4.1					
8	Syncb/Paypalsmartconn Nonpriority Creditor's Name	Last 4 digits of account number	9901	\$0.00	
	Attn: Bankruptcy		Opened 2/03/14 Last Active		
	Po Box 965060	When was the debt incurred?	2/05/16		
	Orlando, FL 32896		·		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	<u> </u>			
		☐ Disputed Type of NONPRIORITY unsecure	d claim:		
	At least one of the debtors and another	<u></u> '	u Ciaiiii.		
	☐ Check if this claim is for a community	☐ Student loans			
	debt		aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharin			
	Yes	Other. Specify Charge Acc			
4.1	Synchrony Bank/Lowes	Last 4 digits of account number	3459	\$0.00	
	Nonpriority Creditor's Name			· · · · · ·	
	Attn: Bankruptcy		Opened 10/06/14 Last Active		
	Po Box 965060	When was the debt incurred?	5/04/16		
	Orlando, FL 32896				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only	Debtor 2 only			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	☐ Yes	Other, Specify Charge Acceptage	count		

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Case number (if known)

Jept	or 1 David Cleveland Broomfield		Case number (if known)	
4.2	Target	Last 4 digits of account number	3834	\$0.00
	Nonpriority Creditor's Name c/o Financial & Retail Srvs Mailstop BT POB 9475	When was the debt incurred?	Opened 5/01/14 Last Active 12/16	
	Minneapolis, MN 55440 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	tration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
1.2 I	TD Bank, N.A.	Last 4 digits of account number		\$0.00
	Nonpriority Creditor's Name P.O. Box 1190 Lewiston, ME 04243	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
1.2	The Home Depot	Last 4 digits of account number		Unknown
	Nonpriority Creditor's Name P.O. Box 6497 Sioux Falls, SD 57117	When was the debt incurred?	,	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	∏ vas	Other Conself.		

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Case number (if known)

4.2	TransUnion LLC	Last 4 digits of account num	hor	\$0.00
3	Nonpriority Creditor's Name	When was the debt incurred:		Ψ0.00
	2 Baldwin Place PO Box 1000 Chester, PA 19022	when was the dept incurred		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the cl	aim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unser	cured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a report as priority claims	separation agreement or divorce that you did not	
	■ No	<u>'</u> ' '	haring plans, and other similar debts	
	Yes	Other Specify NOTICE		
4.2	Verizon	Last 4 digits of account num	hor	\$0.00
4	Nonpriority Creditor's Name	Last 4 digits of account frum		Ψ0.00
	P.O. Box 4830 Trenton, NJ 08650	When was the debt incurred	?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the cl	aim is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsec	cured claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a report as priority claims	separation agreement or divorce that you did not	
	■ No	Debts to pension or profit-s	haring plans, and other similar debts	
	Yes	Other. Specify		
Part 3	List Others to Be Notified About a D	ebt That You Already Listed		
is try have	ing to collect from you for a debt you owe to	someone else, list the original credit nat you listed in Parts 1 or 2, list the	hat you already listed in Parts 1 or 2. For exampl or in Parts 1 or 2, then list the collection agency additional creditors here. If you do not have add	here. Similarly, if you
	and Address	On which entry in Part 1 or Part 2 did	·	
Amer for	rican InfoSource LP as agent	Line 4.24 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clair	
Veriz	on ox 248838		■ Part 2: Creditors with Nonpriority Unsecured (Claims
	noma City, OK 73124-8838	Last 4 digits of account number	2757	
	and Address ays Bank Delaware	On which entry in Part 1 or Part 2 did Line 4.1 of (<i>Check one</i>):	I you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Clair	ns
	Box 8803	<u></u> 6. (<i>e.nesi</i> , <i>e.nes</i>).	Part 2: Creditors with Nonpriority Unsecured 0	
Wilm	ington, DE 19899	Last 4 digits of account number	— Fait 2. Ordalors with Horpitolity Oriscource C	Julino
Name a	and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?	
Capit	al One	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ns
	ox 30281		■ Part 2: Creditors with Nonpriority Unsecured 0	Claims
oait L	_ake City, UT 84130	Last 4 digits of account number		
Name a	and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?	

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Debtor 1 David Cleveland Broomfield

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Debtor 1 David Cleveland Broomfield		Case number (if known)
Comenity Bank Bankruptcy Dept. P.O. Box 182125	Line 4.16 of (<i>Check one</i>):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, OH 43218	Look 4 digits of account number	
	Last 4 digits of account number	
Name and Address Comenity Bank	On which entry in Part 1 or Part 2 did y Line 4.16 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 659728 San Antonio, TX 78265		Part 2: Creditors with Nonpriority Unsecured Claims
,,	Last 4 digits of account number	
Name and Address Comenity Bank/Chadwicks	On which entry in Part 1 or Part 2 did y Line 4.3 of (Check one):	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims
Po Box 182789		■ Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, OH 43218	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	/out list the original creditor?
Comenity Bank/Victoria Secret	Line 4.4 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Po Box 182789		■ Part 2: Creditors with Nonpriority Unsecured Claims
Columbus, OH 43218	Last 4 digits of account number	
Name and Address		routlist the existence available?
Continental Finance Company	On which entry in Part 1 or Part 2 did y Line 4.5 of (<i>Check one</i>):	D Part 1: Creditors with Priority Unsecured Claims
4550 New Linden Hill Road		■ Part 2: Creditors with Nonpriority Unsecured Claims
Wilmington, DE 19808	Last 4 digits of account number	• •
Name and Address		and liet the existed exaditors
Name and Address Credit One Bank	On which entry in Part 1 or Part 2 did y Line 4.6 of (<i>Check one</i>):	/ou list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims
Po Box 98872		Part 2: Creditors with Nonpriority Unsecured Claims
Las Vegas, NV 89193	Last 4 digits of account number	
Name and Address		and list the existed evaluation
Equifax Credit Info. Services,Inc.	On which entry in Part 1 or Part 2 did y Line 4.7 of (<i>Check one</i>):	D Part 1: Creditors with Priority Unsecured Claims
P.O. Box 740241		Part 2: Creditors with Nonpriority Unsecured Claims
Atlanta, GA 30374	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	VOLULIST THE ORIGINAL CREDITOR?
Experian	Line 4.8 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
P.O. Box 4500		■ Part 2: Creditors with Nonpriority Unsecured Claims
Allen, TX 75013	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	VOLUES the original creditor?
Fingerhut	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
6250 Ridgewood Road		■ Part 2: Creditors with Nonpriority Unsecured Claims
Saint Cloud, MN 56303	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	VOLUIST THE ORIGINAL CREDITOR?
First Premier Bank	Line 4.10 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims
3820 N Louise Ave		■ Part 2: Creditors with Nonpriority Unsecured Claims
Sioux Falls, SD 57107	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	VOLUES the original creditor?
First Premier Bank	Line 4.11 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims
3820 N Louise Ave		Part 2: Creditors with Nonpriority Unsecured Claims
Sioux Falls, SD 57107	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?
FNBM	Line 4.15 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 740281	•	Part 2: Creditors with Nonpriority Unsecured Claims

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Houston, TX 77274

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Debtor 1 David Cleveland Broomfield		Case number (if known)	
	Last 4 digits of account number		
Name and Address Genesis Bc/Celtic Bank Po Box 4499 Beaverton, OR 97076	On which entry in Part 1 or Part 2 or Line 4.13 of (Check one):	did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
beaverton, OK 97070	Last 4 digits of account number		
Name and Address Jefferson Capital Systems LLC PO Box 7999 Saint Cloud, MN 56302-9617	On which entry in Part 1 or Part 2 c Line 4.11 of (<i>Check one</i>):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
,	Last 4 digits of account number	8959	
Name and Address Kohls/Capital One Po Box 3115 Milwaukee, WI 53201	On which entry in Part 1 or Part 2 or Line 4.14 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		_
Name and Address Portfolio Recoveries 120 Corporate Blvd., Ste 1 Norfolk, VA 23502-4962	On which entry in Part 1 or Part 2 or Line 4.2 of (Check one):	id you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Portfolio Recovery Associates 140 Corporate Boulevard Norfolk, VA 23502	On which entry in Part 1 or Part 2 or Line 4.1 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Portfolio Recovery Associates 120 Corporate Boulevard Norfolk, VA 23502	On which entry in Part 1 or Part 2 or Line 4.1 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number		
Name and Address Portfolio Recovery Associates c/o The Home Depot PO Box 41067 Norfolk, VA 23541	On which entry in Part 1 or Part 2 or Line 4.22 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims	
	Last 4 digits of account number	3100	
Name and Address Portfolio Recovery Associates LLC PO Box 12914 Norfolk, VA 23541	On which entry in Part 1 or Part 2 or Line 4.22 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
11011011, 17 200+1	Last 4 digits of account number		
Name and Address Portfolio Recovery Associates LLC c/o Capital One Bank, NA PO Box 41067	On which entry in Part 1 or Part 2 or Line 4.2 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Norfolk, VA 23541	Last 4 digits of account number	5598	
Name and Address Portfolio Recovery Associates, LLC c/o Barclaycard PO Box 41067	On which entry in Part 1 or Part 2 of Line 4.1 of (Check one):	did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	
Norfolk, VA 23541	Last 4 digits of account number	5003	
Name and Address Premier Bankcard LLC	On which entry in Part 1 or Part 2 or Line 4.10 of (<i>Check one</i>):	did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims	_

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Debtor 1 David Cleveland Broomfield		Case number (if known)
c/o Jefferson Capital Systems LLC PO Box 7999 Saint Cloud, MN 56302-9617		■ Part 2: Creditors with Nonpriority Unsecured Claims
Sum Sisuu, mit 55502 5517	Last 4 digits of account number	8959
Name and Address Premier Bankcard, LLC Jefferson Capital Systems LLC Assignee PO Box 7999 Saint Cloud, MN 56302-9617	On which entry in Part 1 or Part 2 d Line 4.11 of (Check one): Last 4 digits of account number	id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	-	Contibora locisino adutatil con loi
Name and Address Reflex PO Box 6812	On which entry in Part 1 or Part 2 d Line 4.5 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Carol Stream, IL 60197-6812	Last 4 digits of account number	6490
Name and Address Resurgent Capital SErvices P.O. Box 19006 Greenville, SC 29602	On which entry in Part 1 or Part 2 d Line 4.15 of (Check one): Last 4 digits of account number	id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 d	id you list the original creditor?
Resurgent Capital Services, L.P. 15 South Main Street Greenville, SC 29601	Line 4.15 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Syncb/Paypalsmartconn Po Box 965005	On which entry in Part 1 or Part 2 d Line 4.18 of (Check one):	id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Orlando, FL 32896	Last 4 digits of account number	r at 2. Greaters with Nonpriority Checoured Glaims
Name and Address Synchrony Bank/Lowes Po Box 956005 Orlando, FL 32896	On which entry in Part 1 or Part 2 d Line 4.19 of (Check one):	id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Target Po Box 673	On which entry in Part 1 or Part 2 d Line 4.20 of (Check one):	Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Minneapolis, MN 55440	Last 4 digits of account number	
Name and Address TD Bank USA c/o Weinstein & Riley PS 2001 Western Avenue Suite 400 Seattle, WA 98121	On which entry in Part 1 or Part 2 d Line 4.21 of (Check one):	id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Seattle, WA 30121	Last 4 digits of account number	7897
Name and Address TransUnion Consumer Solutions P.O. Box 2000 Crum Lynne, PA 19022	On which entry in Part 1 or Part 2 d Line 4.23 of (Check one): Last 4 digits of account number	id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Part 4: Add the Amounts for Each Type of	Unsecured Claim	
Part 4: Add the Amounts for Each Type of 0. 6. Total the amounts of certain types of unsecured c type of unsecured claim.		tical reporting purposes only. 28 U.S.C. §159. Add the amounts for each
6a. Domestic support obligation	ons	Total Claim 6a. \$ 0.00

Official Form 106 E/F

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Debtor 1 David Cleveland Broomfield

Case number (if known)

Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Γotal	6f.	Student loans	6f.	\$ 0.00
claims rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 4,208.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 4,208.00

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Fill in this information to identify your case:				
Debtor 1	David Cleveland	Broomfield		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NEW JERSEY		
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code				State what the contract or lease is for
2.1					
	Name				
					<u> </u>
	Number	Street			
	City		State	ZIP Code	
2.2				·	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
2.0	Name				_
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
2.0	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	,		0.0.0	0000	

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		Docume	ili raye 34 0	1 04	
Fill in this i	nformation to identify your	case:			
Debtor 1	David Cleveland First Name	Middle Name	Last Name		
Debtor 2	i iist ivaille	Middle Name	Last Name		
(Spouse if, filing) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NEW JERSEY			
Ormou Otate	be Barnaraptoy Countries and				
Case number	er				
(if known)				□	
					amended filing
Ott: ~: ~ I	Forms 40011				
	Form 106H				
Schedı	ale H: Your Cod	ebtors			12/15
our name a	and case number (if known)	. Answer every question		o this page. On the top of any A	
1. DO y	ou have any obacotors. (ii	you are ming a joint odoc,	do not not office opodoc	as a sociotion.	
■ No □ Yes					
0.1454				0/0	
	i n the last 8 years, have yoι , California, Idaho, Louisiana			y? (Community property states a noton, and Wisconsin.)	nd territories include
71120114	, odinomia, idano, Eddidiana	, riovada, riov moxico, r c	iono moo, roxao, waom	rigion, and wisconsin.)	
■ No. 0	Go to line 3.				
☐ Yes.	Did your spouse, former spor	use, or legal equivalent live	e with you at the time?		
			·		
				if your spouse is filing with yo sure you have listed the credito	
	06D), Schedule E/F (Official			6G). Use Schedule D, Schedule	
out coi	umm 2.				
_	olumn 1: Your codebtor	10.0		Column 2: The creditor to	-
Na	ame, Number, Street, City, State and Z	IP Code		Check all schedules that ap	ply:
3.1				☐ Schedule D. line	
	ame			Schedule E/F, line	
				☐ Schedule G, line	
	umber Street	01-1-	7ID 0 - 4 -		
C	ity	State	ZIP Code		
2.2				Oskadula D. Par	
3.2	ame			Schedule D, line	
14					
				☐ Schedule G, line	
	umber Street			_	
С	ity	State	ZIP Code		

Case 20-22552-JKS Doc 1 Filed 11/10/20 Entered 11/10/20 14:15:32 Desc Main Document Page 35 of 64

Fill	in this information to identify you	ir case.								
		veland Broomfield								
	otor 2 ouse, if filing)									
Uni	ted States Bankruptcy Court for	the: NEW JERSEY								
(If kr	fficial Form 106I		-			Check if this is An amendo A supplem 13 income	ed filing ent showing as of the foll			
S	chedule I: Your In	come							12/15	
sup spo atta	as complete and accurate as p plying correct information. If y use. If you are separated and y ch a separate sheet to this for Describe Employme	ou are married and not fili your spouse is not filing w m. On the top of any addit	ng jointly, and your sith you, do not inclu	spouse i de infori	is livi matio	ng with you, incl n about your sp	ude informa ouse. If mor	ation about e space is	your needed,	
1.	Fill in your employment information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed ■ Not employed				☐ Employed ☐ Not employed			
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include stude or homemaker, if it applies.	nt Employer's address								
		How long employed t	there?							
Par	t 2: Give Details About I	Monthly Income								
Esti spou	mate monthly income as of thuse unless you are separated.	e date you file this form. If	you have nothing to re	eport for	any li	ne, write \$0 in the	space. Incl	ude your no	n-filing	
,	u or your non-filing spouse have e space, attach a separate shee		ombine the informatio	n for all e	emplo	yers for that perso	on on the line	es below. If	you need	
						For Debtor 1	For Debt	or 2 or g spouse		
2.	List monthly gross wages, s deductions). If not paid month			2.	\$	0.00	\$	N/A		
3.	Estimate and list monthly ov	ertime pay.		3.	+\$	0.00	+\$	N/A		
4.	Calculate gross Income. Ad	d line 2 + line 3.		4.	\$	0.00	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00	Debt	or 1	David Cleveland Broomfield	-	Cas	e number (if known)	-			
Copy line 4 here List all payroll deductions: 5. List all payroll deductions: 5. Tax, Medicare, and Social Security deductions 5. Mandatory contributions for retirement plans 5. No. Mandatory contributions for retirement plans 5. No. Voluntary contributions for retirement plans 5. No. Voluntary contributions for retirement fund loans 5. Required repayments of retirement fund loans 5. No. No. No. Social Security 5. Domestic support obligations 5.					Fo	or Debtor 1				
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for Security Securit		Car	ny lina 4 hara	4	Φ	0.00				
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Nandatory contributions for retirement plans 5c. Required repayments of retirement fund loans 5c. Insurance 5c. Social Security 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Social Security 5c. Union dues 5c. Social Security 5c. Union dues 5c. Social Security 5c. One settle support obligations 5c. Insurance 5c. Social Security 5c. One settle support obligations 5c. Social Security 5c. One settle s		COL	y line 4 nere	٦.	Ψ_	0.00	Ψ		IN/A	
5.5. Mandatory contributions for retirement plans 5. Voluntary contributions for retirement plans 5. Columber of the part of	5.	List	all payroll deductions:							
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. S. 0.00 \$ N/A 5e. Insurance 5f. S. 0.00 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g		5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		N/A	
5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5f. So. 0.000 \$ N/A 5g. Union dues 5f. Domestic support obligations 5f. \$ 0.000 \$ N/A 5h. Other deductions. Specify: 5h. \$ 0.000 \$ N/A 5h. Other deductions. Specify: 5h. \$ 0.000 \$ N/A 5h. Other deductions. Specify: 5h. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Add the rincome payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ N/A 6. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude allmony. Spousal support, child support, maintenance, divorce settlement, and property settlement. 6c. \$ 0.000 \$ N/A 6b. Spousal support payments that you regularly receive linclude cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 6c. \$ 0.000 \$ N/A 6d. Other government assistance that you regularly receive linclude cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 6c. \$ 0.000 \$ N/A 6d. Other government assistance that you regularly receive linclude cash, assistance Program) or housing subsid		5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		N/A	
5e. Insurance 5f. Domestic support obligations 5f. S. D. One 5f. Domestic support obligations 5f. S. D. One 5f. Domestic support obligations 5f. S. D. One 5f. S. D						0.00				
5f. Domestic support obligations 5g. Union dues 5g. \$ 0.000 \$ N/A 5h. Other deductions. Specify: 5h. \$ 0.000 \$ N/A 5h. \$ 0.000 \$ N/A 5h. \$ 0.000 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.000 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly reference include allmony, spousal support, child support, maintenance, divorce settlement, and property selflement. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude allmony, spousal support, child support, maintenance, divorce settlement, and property selflement. 8d. Unemployment compensation 8d. Social Security 8f. Other government assistance that you regularly receive Include ceal mostsiance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income. 8h. Other monthly income. Specify: 8p. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.000 \$ N/A 8h. \$ 0.000 \$ N/A 8h. \$ 0.000 \$ N/A 9h. Add the entries in line 10 for Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Sched			• • • •				· · —			
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8a. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 3,089.67 \$ N/A 8e. Social Security 8e. \$ 1,644.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,733.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.	7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$		N/A	
monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 3,089.67 \$ N/A 8e. Social Security 8e. \$ 1,644.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,733.67 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,733.67 \$ N/A 11. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 12. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income.	8.		Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross							
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 3,089.67 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,733.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?				8a.	\$	0.00	\$		N/A	
regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$0.00 \$N/A 8h. Other monthly income. Specify: 8h. \$0.00 \$N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$4,733.67 \$N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,733.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. Do you expect an increase or decrease within the year after you file this form?		8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce		•		•			
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. \$		0-1					· · —			
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,733.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.										
8h. Other monthly income. Specify: 8h. \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,733.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 4,733.67			Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.)	· -	,	·		<u> </u>	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 4,733.67 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? 14. Add the amount in the last column of line 10 to the amount in the last form?		-		-	٠.		· · —			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.		8h.	Other monthly income. Specify:	8h.+	\$_	0.00	+ \$		N/A	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	4,733.67	\$		N/A	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.	10.		•	10. \$		4,733.67 + \$		N/A =	\$	4,733.67
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No.	11.	Inclu othe Do r	ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	depen		.,	•		S	0.00
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{4,733.67}{Combined monthly income}}\$ 13. Do you expect an increase or decrease within the year after you file this form? No.										
monthly income 13. Do you expect an increase or decrease within the year after you file this form? No	12.	Writ	te that amount on the Summary of Schedules and Statistical Summary of Certa					12. \$		4,733.67
13. Do you expect an increase or decrease within the year after you file this form? No.										
	13.		No.	?					onthly	income

Schedule I: Your Income

page 2

Official Form 106I

Fill	in this informa	ation to identify y	our case:			Ī		
Deb		David Cleve		omfield		Che	ck if this is:	
		David Cleve	iana bio	Jiiiieiu	_		An amended filing	
	tor 2 ouse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter
``	. 0,						<u> </u>	
Unit	ed States Bankı	ruptcy Court for the	e: NEW J	ERSEY			MM / DD / YYYY	
	e numbe r nown)							
Of	fficial Fo	orm 106J						
So	chedule	J: Your	Exper	ises				12/15
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Par		ribe Your House	ehold					
1.	Is this a joir							
	No. Go to		in a conor	ata hawaahald?				
	⊔ Yes. Doe		ın a separ	ate household?				
	= ::		st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2.	Do you hav	e dependents?	= N.	•	·			
۷.	•	•	_		D		Daman danti'a	Dana danan dana
	Do not list D Debtor 2.	eptor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						□ Yes
								□ No □ Yes
					-			□ No
								☐ Yes
								□ No
_	_							☐ Yes
3.		penses include of people other t	than =	No				
		d your depende		Yes				
Par	t 2: Estim	ate Your Ongo	ina Month	v Expenses				
Est exp	imate your ex	xpenses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
Incl	lude expense	s paid for with	non-cash	government assistance i	f you know			
the	value of sucl	h assistance an		cluded it on Schedule I: Y			Your exp	enses
(On	ficial Form 10	וטו.)					Tour exp	CH3C3
4.		or home owners and any rent for the		ses for your residence. In	nclude first mortgag	e 4.	\$	1,968.85
	If not includ	ded in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	4b. Prope	erty, homeowner'	s, or renter	's insurance		4b.	·	0.00
				ipkeep expenses		4c.	·	100.00
_		owner's associa			mo oquity loons	4d.	·	0.00
5.	Auditional r	mortgage paym	ents for yo	our residence, such as ho	me equity loans	5.	Φ	0.00

6. Uti 6a.	lition			
		6a.	\$	265.00
6b.		6b.	\$	54.80
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	255.00
6d.		6d.	\$	0.00
	od and housekeeping supplies	— 7.	\$	500.00
	ildcare and children's education costs	8.	\$	0.00
	othing, laundry, and dry cleaning	9.	\$	100.00
	rsonal care products and services	10.	\$	100.00
	dical and dental expenses	11.	\$	100.00
	Insportation. Include gas, maintenance, bus or train fare.	11.	Ψ	100.00
	not include car payments.	12.	\$	450.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	aritable contributions and religious donations	14.	\$	0.00
	urance.	• • •	Ψ	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
15ł	o. Health insurance	15b.	· ·	0.00
150	c. Vehicle insurance	15c.	\$	148.00
	d. Other insurance. Specify:	15d.	\$	0.00
	Kes. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
	ecify:	16.	\$	0.00
	tallment or lease payments:		<u> </u>	
178	a. Car payments for Vehicle 1	17a.	\$	0.00
	o. Car payments for Vehicle 2	17b.	\$	0.00
	c. Other. Specify:	17c.	\$	0.00
	d. Other. Specify:	17d.	·	0.00
	ur payments of alimony, maintenance, and support that you did not report as		Ψ	0.00
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	ner payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.	· -	
	ner real property expenses not included in lines 4 or 5 of this form or on Sch	edule I: Yo	ur Income.	
	a. Mortgages on other property	20a.		0.00
20ł	o. Real estate taxes	20b.	\$	0.00
200	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	e. Homeowner's association or condominium dues	20e.		0.00
	ner: Specify: Personal Grooming and Miscellaneous Expenses	21.	*	100.00
. 0	reisonal Grooming and Miscenaneous Expenses		- Ψ	100.00
. Ca	culate your monthly expenses			
228	a. Add lines 4 through 21.		\$	4,141.65
22h	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
220	c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,141.65
			<u> </u>	
	culate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		4,733.67
23h	o. Copy your monthly expenses from line 22c above.	23b.	-\$	4,141.65
				
230	c. Subtract your monthly expenses from your monthly income.	225	¢	592.02
	The result is your <i>monthly net income</i> .	23c.	\$	392.02

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Fill in this infor	mation to identify your	case:			
Debtor 1	David Cleveland				
Debtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NEW JERSEY			
Case number					
(if known)				_	eck if this is an ended filing
You must file th	is form whenever you fi	le bankruptcy schedules n connection with a bank		ct information. laking a false statement, concea fines up to \$250,000, or imprisor	
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ban	nkruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petition Declaration, and Signature	
•	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed v	with this declaration and	
X /s/ Day	vid Cleveland Broom	ield	X		
	Cleveland Broomfiel		Signature of De	ebtor 2	
	ure of Debtor 1		-		
Date	November 5, 2020		Date		

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Fill	in this inform	nation to identify you	r case:			
Deb	otor 1	David Cleveland First Name	Broomfield Middle Name	Last Name		
Deb	otor 2	i iist ivaine	widdle Name	Last Name		
(Spo	use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States Bar	nkruptcy Court for the:	NEW JERSEY			
Cas (if kn	se number				_	Check if this is an mended filing
Sta Be a infor	s complete a	of Financial	ble. If two married people a attach a separate sheet to		ankruptcy equally responsible for sup y additional pages, write you	
	<u> </u>	,	rital Status and Where You	ı Lived Before		
1.	What is your	current marital statu	ıs?			
	□ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	u received from all jobs and a	ng a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$13,156.77	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 David Cleveland Broomfield Case number (if known)

			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last cale (January 1 t	endar year: to December 3	1, 2019)	■ Wages, commissions, bonuses, tips	\$63,002.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
	endar year befo to December 3		■ Wages, commissions, bonuses, tips	\$59,144.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
Include and other winnings List each	income regardle er public benefit s. If you are filin h source and th	ess of wheth payments; g a joint cas e gross inco	er that income is taxable. Ex- pensions; rental income; inte e and you have income that	o previous calendar years? amples of other income are a rest; dividends; money collect you received together, list it o ately. Do not include income the	ed from lawsuits; royalties; annly once under Debtor 1.	
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
	ary 1 of current u filed for bank		Social Security	\$18,084.00		
			Unemployment (started March 2020)	\$24,717.33		
For last cale (January 1 t	endar year: to December 3	1, 2019)	Social Security	\$19,016.00		
	endar year befo to December 3		Social Security	\$18,165.00		
Part 3:	ist Certain Pay	ments You	Made Before You Filed for	Bankruptcy		
	ner Debtor 1's o	or Debtor 2' otor 1 nor D	s debts primarily consume	r debts? umer debts. Consumer debts	are defined in 11 U.S.C. § 10	01(8) as "incurred by an
	•	00 days befo	re you filed for bankruptcy, d	id you pay any creditor a total	of \$6,825* or more?	
	_	Go to line 7				
		paid that cre		id a total of \$6,825* or more in ts for domestic support oblightis bankruptcy case.		
_	•	•	, ,	s after that for cases filed on	or after the date of adjustmen	t.
■ Ye			r both have primarily consure you filed for bankruptcy, d	umer debts. id you pay any creditor a total	of \$600 or more?	
	■ No.	Go to line 7				
		include pay		id a total of \$600 or more and bligations, such as child supp		

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Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	ment for
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gen- control, or owner of 20% of	eral partners; partner r more of their voting	erships of which yo g securities; and a	u are a general ny managing ag	partner; corporation gent, including one fo
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi No Yes. List all payments to an insider		ments or transfer a	nny property on a	ccount of a de	bt that benefited an
	Insider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for t	his payment
Par	t 4: Identify Legal Actions, Repossession	s. and Foreclosures	paid	Still Owe	include credit	or s name
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address		erty repossessed, f	oreclosed, garnis	shed, attached,	Value of the
		Explain what happened	I			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.	•	uding a bank or fir	nancial institution	, set off any ar	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amoun
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at No Yes		erty in the possess	ion of an assigne	e for the benef	it of creditors, a

Debtor 1 David Cleveland Broomfield

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Deb	otor 1	David Cleveland Broomfield		Case number	(if known)	
Par	t 5:	List Certain Gifts and Contributions	5			
13.	Within ■ N		ıptcy, c	lid you give any gifts with a total value of more	than \$600 per person	?
	_ ''	es. Fill in the details for each gift.				
	Gifts	with a total value of more than \$600 erson	0	Describe the gifts	Dates you gave the gifts	Value
	Perso Addre	on to Whom You Gave the Gift and ess:				
14.	Within	a 2 vears before you filed for bankru	iptcv. c	lid you give any gifts or contributions with a tot	al value of more than	\$600 to any charity?
	■ N	lo				, , , , , , , , , , , , , , , , , , ,
		es. Fill in the details for each gift or co			Datas way	Value
	more Chari	or contributions to charities that to than \$600 ity's Name ess (Number, Street, City, State and ZIP Code)		Describe what you contributed	Dates you contributed	Value
Par		List Certain Losses				
Par	ι ο:	List Certain Losses				
15.		n 1 year before you filed for bankrup nbling?	otcy or	since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster
	■ N	lo 'es. Fill in the details.				
		the loss occurred	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7:	List Certain Payments or Transfers				
	Within	n 1 year before you filed for bankrup lited about seeking bankruptcy or pr	otcy, di	d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require		rty to anyone you
	Πи	lo.				
	_	es. Fill in the details.				
	Addre Emai	l or website address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Gold 7 Gle Suite	on Who Made the Payment, if Not Yo Iman & Beslow LLC enwood Avenue e 311B Orange, NJ 07017	ou	\$1500.00 - legal fees	2020	\$1,500.00
	372 9	orCC, Inc. Summit Avenue ey City, NJ 07306		\$14.95pre-bankruptcy credit counseling	2020	\$14.95
	promis Do not	sed to help you deal with your credit include any payment or transfer that y	itors o	d you or anyone else acting on your behalf pay r to make payments to your creditors? ed on line 16.	or transfer any prope	rty to anyone who

Person Who Was Paid Address

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

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Debtor 1 David Cleveland Broomfield

Case number (if known)

18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already include you have already include yes. Fill in the details.	iness or financial affa e as security (such as t	iirs? he granting of a se			
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr			y property or eceived or debts ange	Date transfer was made
19.	Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.		y property to a se	elf-settled trust	t or similar device o	f which you are a
	Name of trust	Description and v	alue of the prope	rty transferred		Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instr	uments, Safe Deposit	Boxes, and Stor	age Units		
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or	•		•	,	,
	houses, pension funds, cooperatives, associa No Yes. Fill in the details.			. сороси, сим		a
		ast 4 digits of account number	Type of accoun instrument	close	account was ed, sold, ed, or ferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yearsh, or other valuables?	ar before you filed for	bankruptcy, any	safe deposit b	ox or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		escribe the co	ntents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1 ye	ear before you	filed for bankruptcy	/?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, State and ZIP Code)		escribe the co	ntents	Do you still have it?
Par	t 9: Identify Property You Hold or Control fo	r Someone Else				
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	ude any property	you borrowed	from, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		escribe the pr	operty	Value
Par	t 10: Give Details About Environmental Infor	mation				
For	the purpose of Part 10, the following definition	s apply:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 David Cleveland Broomfield

Case number (if known)

	regu	ılations controlling the cleanup of these	e substances, wastes, or material.					
		means any location, facility, or property wn, operate, or utilize it, including dispo	•	l law,	whether you now own, operate,	or utilize it or used		
		<i>ardous material</i> means anything an env ardous material, pollutant, contaminant		ıs wa	ste, hazardous substance, toxic	substance,		
Rep	ort a	II notices, releases, and proceedings th	at you know about, regardless of whe	en the	y occurred.			
24.	Has	any governmental unit notified you that	t you may be liable or potentially liabl	e und	ler or in violation of an environm	ental law?		
		No						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice		
25.	Hav	e you notified any governmental unit of	any release of hazardous material?					
		No						
		Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	nd	Environmental law, if you know it	Date of notice		
26.	Hav	e you been a party in any judicial or adr	ninistrative proceeding under any en	vironr	mental law? Include settlements	and orders.		
	_	No Yes. Fill in the details.						
	Case Title		Court or agency	Nat	ture of the case	Status of the		
	Cas	se Number	Name Address (Number, Street, City, State and ZIP Code)			case		
Par	t 11:	Give Details About Your Business or	Connections to Any Business					
27.	With	nin 4 years before you filed for bankrupt	cy, did you own a business or have a	ny of	the following connections to an	y business?		
		☐ A sole proprietor or self-employed i	n a trade, profession, or other activity	, eith	er full-time or part-time			
		☐ A member of a limited liability comp	any (LLC) or limited liability partners	hip (L	LP)			
	☐ A partner in a partnership							
		☐ An officer, director, or managing ex	ecutive of a corporation					
		☐ An owner of at least 5% of the votin	g or equity securities of a corporation	า				
		No. None of the above applies. Go to F	Part 12.					
		Yes. Check all that apply above and fill	in the details below for each busines	SS.				
		siness Name	Describe the nature of the business	;	Employer Identification number			
	Address (Number, Street, City, State and ZIP Code)		Name of accountant or bookkeeper		Do not include Social Security number or ITIN. Dates business existed			
28.		nin 2 years before you filed for bankrupt itutions, creditors, or other parties.	cy, did you give a financial statement	t to ar	nyone about your business? Incl	ude all financial		
		No Yes. Fill in the details below.						
		me dress nber, Street, City, State and ZIP Code)	Date Issued					
Par		Sign Below						

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

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Debtor	1 David Cleveland Broomfield	Case number (if known)
with a b		a false statement, concealing property, or obtaining money or property by fraud in connection 5 \$250,000, or imprisonment for up to 20 years, or both.
/s/ Da	vid Cleveland Broomfield	_
	Cleveland Broomfield ure of Debtor 1	Signature of Debtor 2
Date	November 5, 2020	Date
Did you ■ No □ Yes	attach additional pages to Your Staten	nent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you	pay or agree to pay someone who is no	ot an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your case:				
Debtor 1	David Cleveland Broomfield				
Debtor 2 (Spouse, if filing)					
United States B	United States Bankruptcy Court for the: New Jersey				
Case number (if known)					

Check	Check as directed in lines 17 and 21:					
According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

 \square Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

	Part	1: Calculate Your Average Monthly Income								
	1.	What is your marital and filing status? Check one of	only.							
		■ Not married. Fill out Column A, lines 2-11.								
		☐ Married. Fill out both Columns A and B, lines 2-11								
	10 th	Il in the average monthly income that you received from a 1(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the totouses own the same rental property, put the income from that	month pe al by 6. F	eriod would ill in the re	l be Ma sult. Do	rch 1 throu not includ	gh August 31. e any income	. If the ame amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
							Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	ommissio	ons (be	efore all	\$	0.00	\$	
	3.	Alimony and maintenance payments. Do not includ Column B is filled in.	e payme	ents from	a spoi	use if	\$	0.00	\$	
	4.	All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spot you listed on line 3.	r t. Includ	de regulai depende	r contri nts, pa	butions rents,	\$	0.00	\$	
	5.	Net income from operating a business, profession, or farm	Debtor	r 1						
l		Gross receipts (before all deductions)	\$_	0.00						
l		Ordinary and necessary operating expenses	- \$ _	0.00						
l		Net monthly income from a business, profession, or fa	ırm \$_	0.00	Сору	here ->	\$	0.00	\$	
	6.	Net income from rental and other real property	Debtor							
		Gross receipts (before all deductions)	\$_	0.00						
		Ordinary and necessary operating expenses	- \$ _	0.00						
I		Not monthly income from rental or other real property	•	0.00	Copy	here ->	\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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David Cleveland Broomfield			Case numb	er (<i>it known</i>			
			Column A Debtor 1		Column E Debtor 2 non-filing	or	
7. Interest, dividends, and royalties			\$	0.00	\$		
3. Unemployment compensation			\$	0.00	\$		
Do not enter the amount if you contend that the amount receive the Social Security Act. Instead, list it here:	eived was a benefit	under					
For you\$	3,089.67	•					
For your spouse \$							
Pension or retirement income. Do not include any amount benefit under the Social Security Act. Also, except as stated not include any compensation, pension, pay, annuity, or allo United States Government in connection with a disability, co disability, or death of a member of the uniformed services. If pay paid under chapter 61 of title 10, then include that pay o does not exceed the amount of retired pay to which you wou if retired under any provision of title 10 other than chapter 61	I in the next sentence wance paid by the probat-related injury f you received any ronly to the extent that otherwise be entally of the restent that otherwise be entally to the restent that otherwise be entally to the restent that otherwise be entally of the restent that other was the restence of the resten	e, do or etired it it	\$	0.00	\$		
0. Income from all other sources not listed above. Specify to Do not include any benefits received under the Social Secur under the Federal law relating to the national emergency defender the National Emergencies Act (50 U.S.C. 1601 et seq coronavirus disease 2019 (COVID-19); payments received a crime, a crime against humanity, or international or domestic compensation, pension, pay, annuity, or allowance paid by the Government in connection with a disability, combat-related in death of a member of the uniformed services. If necessary, I separate page and put the total below.	rity Act; payments n clared by the Presic p.) with respect to the as a victim of a war c terrorism; or the United States injury or disability, o	lade lent e					
			\$	0.00	\$		
		_	\$	0.00			
Total amounts from separate pages, if any.		- +	\$	0.00			
Calculate your total average monthly income. Add lines 2 each column. Then add the total for Column A to the total for a column A to the total for Column A to the Column A to	or Column B.	.	0.00	+ \$			0.00 average hly income
tt 2: Determine How to Measure Your Deductions from 2. Copy your total average monthly income from line 11.	n Income					\$	0.00
3. Calculate the marital adjustment. Check one:							
You are not married. Fill in 0 below.							
☐ You are married and your spouse is filing with you. Fill	in 0 below.						
☐ You are married and your spouse is not filing with you.							
Fill in the amount of the income listed in line 11, Colum dependents, such as payment of the spouse's tax liabil	lity or the spouse's s	uppoi	t of someor	e other	than you or yo	ur dependen	ts.
Below, specify the basis for excluding this income and adjustments on a separate page.	the amount of incor	ne dev	oted to eac	h purpos	se. If necessar	y, list additio	nal
If this adjustment does not apply, enter 0 below.		Φ.					
		φ — \$		_			
		Ψ— •\$		_			
Total		.	0.0	<u> </u>	Copy here=>		0.00
1. Your current monthly income. Subtract line 13 from line	12.					\$	0.00
5. Calculate your current monthly income for the year. Fo	ollow these steps:					¢.	0.00

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Debtor 1	David Cleveland Broomfield	Case number (if known)		
	Multiply line 15a by 12 (the number of months in a year).		x 12	
1:	5b. The result is your current monthly income for the year for this pa	art of the form	\$	00_

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Debte	or 1	David	Cleveland Broomfield		Case number (if known)		
16	. Calc	culate ti	ne median family income that applies to	ou. Follow thes	se steps:		
	16a.	Fill in tl	ne state in which you live.	NJ	·		
	4.Ch	F:II : 41		4			
			ne number of people in your household. ne median family income for your state and	1			71,064.00
	100.	To find	a list of applicable median income amount tions for this form. This list may also be ava	s, go online usin	g the link specified in the separate	\$_	71,004.00
17	. Hov	do the	lines compare?				
	17a.		Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N		ge 1 of this form, check box 1, <i>Disposable i</i> ulation of Your Disposable Income (Official		
	17b.		Line 15b is more than line 16c. On the top $1325(b)(3)$. Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your			
Par	t 3:	Calc	ulate Your Commitment Period Under 11	U.S.C. § 1325(k	p)(4)		
18.	Сор	y your	total average monthly income from line 1	1.		\$	0.00
19.	cont	end tha	marital adjustment if it applies. If you are t calculating the commitment period under 1 come, copy the amount from line 13.	married, your s	pouse is not filing with you, and you		
	•		narital adjustment does not apply, fill in 0 on	line 19a.		- \$	0.00
	19b	Subtra	ct line 19a from line 18.			\$	0.00
20.	Cald	culate y	our current monthly income for the year.		•		0.00
	20a	Copy li	ne 19b			\$_	0.00
		Multiply	y by 12 (the number of months in a year).				x 12
		_					0.00
	20b.	The re	sult is your current monthly income for the y	ear for this part	of the form	\$_	0.00
	20c	Conv t	he median family income for your state and	size of househo	ald from line 16c	\$	71,064.00
	200.	Сору и	The moduli ruming moome for your state and	3120 01 110030110			
	21.	How d	o the lines compare?				
			ne 20b is less than line 20c. Unless otherwi	se ordered by th	ne court, on the top of page 1 of this form, o	check box 3,	The commitment
			ne 20b is more than or equal to line 20c. Ur ommitment period is 5 years. Go to Part 4.	nless otherwise	ordered by the court, on the top of page 1 c	of this form, c	heck box 4, The
Par	t 4:	Sign	Below				
		_	nere, under penalty of perjury I declare that	he information of	on this statement and in any attachments is	true and cor	rect.
)	(/s/	David	Cleveland Broomfield				
-	Da	vid Cl	eveland Broomfield				
	•		of Debtor 1 ember 5, 2020				
	Duit		DD / YYYY				
	If yo	u check	ed 17a, do NOT fill out or file Form 122C-2				
	If yo	u check	ed 17b, fill out Form 122C-2 and file it with	this form. On line	e 39 of that form, copy your current monthly	y income fror	n line 14 above.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 20-22552-JKS Doc 1 Filed 11/10/20 Entered 11/10/20 14:15:32 Desc Main Page 55 of 64 Document UNITED STATES BANKRUPTCY COURT **NEW JERSEY** Caption in Compliance with D.N.J. LBR 9004-1(b) David Beslow, Esq. 5300 7 Glenwood Avenue Suite 311B East Orange, NJ 07017 973-677-9000 yrodriguez@goldmanlaw.org In Re: Case No.: **David Cleveland Broomfield** 13 Chapter: Judge: DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION 1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows: Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$. I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses. Legal services on behalf of the debtor in connection with the following are not included in the flat fee: Representation of the debtor in: • adversary proceedings, loss mitigation/loan modification efforts, post-confirmation filings and matters brought before the Court. I have received: \$ ____ \$ The balance due is: The balance ✓ will □ will not be paid through the plan. Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$ 400.00 . The hourly fee charged by other members of my firm that may provide services to this client range from \$ 175.00 to \$ 400.00 . I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1. I have received: \$ 1,500.00 2. The source of the funds paid to me was: ✓ Debtor(s) Other (specify below)

3. If a balance is due, the source of future compensation to be paid to me is: ☑ Debtor(s) ☐ Other (specify below) 4. I☐ have or ☑ have not agreed to share compensation with another person(s) unless they are members of my law firm. If I have agreed to share compensation with a person(s) who is not a member of my law firm, a copy of that agreement and a list of the people sharing in the compensation is attached. Date: November 5, 2020 /s/ David Beslow, Esq. David Beslow, Esq. 5300

Debtor's Attorney

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United States Bankruptcy Court New Jersey

		New Jersey		
In re	David Cleveland Broomfield		Case No.	
		Debtor(s)	Chapter	13
	VERII	FICATION OF CREDITOR	MATRIX	
The abo	ove-named Debtor hereby verifies th	at the attached list of creditors is true and c	orrect to the best	of his/her knowledge.
Date:	November 5, 2020	/s/ David Cleveland Broomfiel	d	
		David Cleveland Broomfield		

Signature of Debtor

American InfoSource LP as agent for Verizon PO Box 248838 Oklahoma City, OK 73124-8838

Barclays Bank Delaware Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899

Barclays Bank Delaware P.o. Box 8803 Wilmington, DE 19899

BSI Financial Services 101 N 2nd St Titusville, PA 16354

BSI Financial Services 314 S. Franklin Street, Second Floor PO Box 517 Titusville, PA 16354

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 30281 Salt Lake City, UT 84130

Comenity Bank
Bankruptcy Dept.
P.O. Box 182125
Columbus, OH 43218

Comenity Bank P.O. Box 659728 San Antonio, TX 78265

Comenity Bank/Chadwicks Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Comenity Bank/Chadwicks Po Box 182789 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Pob 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Po Box 182789 Columbus, OH 43218

Continental Finance Company Attn: Bankruptcy Po Box 8099 Newark, DE 19714

Continental Finance Company 4550 New Linden Hill Road Wilmington, DE 19808

Credit One Bank Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193

Credit One Bank Po Box 98872 Las Vegas, NV 89193

Equifax P.O. Box 740241 Atlanta, GA 30374-0241

Equifax Credit Info. Services, Inc. P.O. Box 740241 Atlanta, GA 30374

Experian P.O. Box 2002 Allen, TX 75013

Experian P.O. Box 4500 Allen, TX 75013

Fingerhut Attn: Bankruptcy Po Box 1250 Saint Cloud, MN 56395

Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107

FNBM P.O. Box 740281 Houston, TX 77274

Fst Premier 3820 N Louise Ave Sioux Falls, SD 57107

Genesis Bc/Celtic Bank Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 Genesis Bc/Celtic Bank Po Box 4499 Beaverton, OR 97076

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Jefferson Capital Systems LLC PO Box 7999 Saint Cloud, MN 56302-9617

Kohls/Capital One Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201

Kohls/Capital One Po Box 3115 Milwaukee, WI 53201

LVNV Funding, LLC PO Box 10587 Greenville, SC 29603-0587

Portfolio Recoveries 120 Corporate Blvd., Ste 1 Norfolk, VA 23502-4962

Portfolio Recovery Associates 140 Corporate Boulevard Norfolk, VA 23502

Portfolio Recovery Associates 120 Corporate Boulevard Norfolk, VA 23502

Portfolio Recovery Associates c/o The Home Depot PO Box 41067 Norfolk, VA 23541

Portfolio Recovery Associates LLC PO Box 12914 Norfolk, VA 23541 Portfolio Recovery Associates LLC c/o Capital One Bank, NA PO Box 41067 Norfolk, VA 23541

Portfolio Recovery Associates, LLC c/o Barclaycard PO Box 41067 Norfolk, VA 23541

Premier Bankcard LLC c/o Jefferson Capital Systems LLC PO Box 7999 Saint Cloud, MN 56302-9617

Premier Bankcard, LLC Jefferson Capital Systems LLC Assignee PO Box 7999 Saint Cloud, MN 56302-9617

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Quantum3 Group LLC as agent for Comenity Capital Bank PO Box 788 Kirkland, WA 98083-0788

Reflex PO Box 6812 Carol Stream, IL 60197-6812

Resurgent Capital SErvices P.O. Box 19006 Greenville, SC 29602

Resurgent Capital Services, L.P. 15 South Main Street Greenville, SC 29601

State of New Jersey Division of Taxation 50 Barrack Street P.O. Box 269 Trenton, NJ 08625-0269

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Syncb/Paypalsmartconn Po Box 965005 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Po Box 956005 Orlando, FL 32896

Target c/o Financial & Retail Srvs Mailstop BT POB 9475 Minneapolis, MN 55440

Target Po Box 673 Minneapolis, MN 55440

TD Bank USA c/o Weinstein & Riley PS 2001 Western Avenue Suite 400 Seattle, WA 98121

TD Bank, N.A. P.O. Box 1190 Lewiston, ME 04243

The Home Depot P.O. Box 6497 Sioux Falls, SD 57117 TransUnion Consumer Solutions P.O. Box 2000 Crum Lynne, PA 19022

TransUnion LLC 2 Baldwin Place PO Box 1000 Chester, PA 19022

Verizon P.O. Box 4830 Trenton, NJ 08650